Administrative Use Only-Area	)
Plan No	
Date Received	
Amendment Number	)

## LICENSED TIMBER OPERATOR RESPONSIBILITY ACKNOWLEDGEMENT

(As per Section 1035.3 Title 14, CCR)

reet Address/PO lephone Number the LTO listed a 1) Inform preve 2) Be re opera 3) Keep opera 4) Comp amen 5) Atten with of super	y with all provisions of alments.  an on-site meeting or on-site conditions.	LTO Number: ponsibility for the foll r plan submitter orall approved plan and a f his or her employee easures of the plan a approved plan and a the Act, Board rules a	owing: y or in writing of any si amendments. es and familiarize all er nd amendments that a amendments available	ite conditions which in mployees with the interpoly to their work. If for reference at the second conditions are the second conditions.	n The LTO's opinion ent and details of the
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7) Proving phone phone phone special phone s	rised designee, if any metalogical Addendum or ethe RPF responsible number of an on-site othe RPF responsible for activity. 5 days before, and nother sides before, and nother sides before, and nother operations, except for of an RPF's withdrawa	er, timberland owner nitigation measures of any other confidential for professional advice ontact employee autor professional advice later than the startup later than the shutders.  emergencies and op I of professional serv	or their authorized ages or specific operating instal addendum to the place throughout the timb horized by the LTO to throughout the timber of timber operations, own of a timber operations needed to profices from the plan. The	the RPF or supervise ent, RPF who wrote to structions are contained in.  er operations, the nareceive RPF advice. operations advised of notify the RPF of the sion, the LTO shall not betect water quality, up the LTO shall not result.	d plan, and ad designee familiar the plan, or the the din the Confidentia the, address and of the status of timber a start of timber tify the RPF of the the poon receipt of written the designee familiar the plan, and the plan, or the the
for pr In add	notice is received from viding advice regarding ition to the above, I hav	g the plan as the RPF re specific responsibi	of record. lities for the following:		
described in 14	understand my respor CCR 1035.3. I certify sibilities as described a	that I will fulfill my le			
LTO Signa	ure:		Title:		

## REGISTERED PROFESSIONAL FORESTER (RPF) RESPONSIBILITY ACKNOWLEDGEMENT (As per Section 1035.1 Title 14, CCR)

RPF Certified to Provide Professional Advice	e:			
Name:				
Street Address/PO Box:		City:	Zip Code:	
Telephone Number:	RPF Number:			
As of January 1, 2001, I have read and understate to fulfill my responsibilities as an RPF as they pe		s RPF, as des	cribed under 14 CCR 1035.1	(a-g). I agree
[ ] Yes [ ] No I have been retained operator and timberland owner upon request thr practice rules, (3) and other associated regulation	roughout the active timb	er operations	fessional advice to the licens regarding: (1) the plan, (2) the	
RPF Signature:				
PLAN SUBMITTER	RESPONSIBILI (As per Section 1035 Title		OWLEDGEMENT	
Plan Submitter				
Name:				
Street Address/PO Box:		City:	Zip Code:	
Telephone Number:	-			
As of January 1, 2001, I have read and understacertify that I have fulfilled my legal obligation as plan submitter as it pertains to this plan.	and my responsibilities stated in the forest pra	as Plan Subn ctice rules, an	nitter as described under 14 d d agree to fulfill my responsit	CCR 1035. I bility as the
[ ] Yes [ ] No I have retained the sowner upon request throughout active timber op associated regulations pertaining to timber operations.	perations regarding: (1)		ional advice to the LTO and the forest practice rules, (3) a	
[ ] Yes [ ] No I have authorized the to perform the services of a professional foreste the timberland owner.	e timberland owner,— er, understanding that th	e services wil	l be provided personally on la	ands owned by
Plan Submitter Signature:			_	
	VNER RESPONS sper Section 1035(d)(2)(B)		CKNOWLEDGEMEN	Τ
Timberland Owner				
Name:				
Street Address/PO Box:			Zip Code:	
Telephone Number:				
As of January 1, 2001, I have read and understa $1035(d)(2)(A-C)$ . I certify that I have fulfilled responsibilities as the timberland owner as it per	my legal obligation as s	as timberland stated in the fo	owner as described under 1- prest practice rules, and agre	4 CCR e to fulfill my
I understand that I have been authorized by the Landowner exception in Public Resources Code lands that I own.	plan submitter to perfo e Section 757, and such	rm the service services will	es of a professional forester p be personally performed only	ursuant to the on those

Timberland Owner's Signature: